

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/936081	FILING DATE 07 SEP 2001	
							APPLICANT(S) <i>John</i>		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2		6					52		
3		2					53		
4	/						54		
5	/						55		
6		1					56		
7	/						57		
8	/						58		
9	/						59		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.		6					TOTAL IND.		
TOTAL DEP.		4					TOTAL DEP.		
TOTAL CLAIMS	10						TOTAL CLAIMS		